

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 APR 24 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002083

1. Entity Name
MAGNOLIA WALK APARTMENTS II, LTD.



Principal Place of Business
**1629 NW 4TH STREET
OCALA, FL 34475**

Mailing Address
**1629 NW 4TH STREET
OCALA, FL 34475**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

BK

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

59-3630761

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAWSON, GWENDOLYN
233 S.W. 3RD STREET
OCALA, FL 34478**

Name

Brownell Barnard

Street Address (P.O. Box Number is Not Acceptable)

1629 NW 4th Street

City

Ocala

FL

Zip Code

34475

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

19-Apr-2007

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **724341**
NAME **OCALA LEASED HOUSING CORPORATION, INC.**
STREET ADDRESS **233 S.W. 3RD STREET**
CITY-ST-ZIP **OCALA, FL 34478**

STREET ADDRESS **1629 NW 4th Street, Suite 103**
CITY-ST-ZIP **Ocala, FL 34475**

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

BK

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**000101063200
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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *[Signature]* **Magnolia Walk Apartments II, Inc.**
By: **Brownell Barnard, Director and President** **04/19/07** **352-332-0838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE